

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.



COMMITTEE NAME

Official Name of Committee

IRELAND For Sheriff

Street

115 S 10TH ST.

City, State, Zip Code

MONTROSE, IOWA 52639

Area
Code

Telephone

(319) 463-7445

Effective date of dissolution:

JANUARY 21, 2004

Signature of Treasurer

Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

David L. Ireland

Signature of Candidate - Required for Candidate's Committee

JANUARY 21, 2004

Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.

FORM

(Rev. 02/96)

DR-3 NOTICE OF DISSOLUTION

For Office Use Only

Comm. #

17257

Indexed

Audited

Computer

Certified Date of Dissolution